



**PATIENT**

JJ Smith

**PRESENTING CLINICAL SIGNS**

Presented thru ER on referral for a workup for weight loss of about 12 lbs. , difficulty swallowing , intermittent cough. In early Dec. 2021 JJ had an abdominal exploratory. No abnormalities were identified at the time and no biopsies were taken.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: \*Fluoroscopy esophagogram with liquid barium and some soft food in the late study. No appetite during fluoroscopy

**BREED**

German Longhair Pointer

**FLUOROSCOPY SWALLOWING STUDY**

The swallowing study shows the contrast bole/food passing the thoracic inlet, the heart base and cardia. There is mild ballooning of the esophageal diameter recognized caudal to the heart base. Sufficient esophageal peristalsis with normal entrance into the stomach is noted.

**SEX**

Male Neutered

Filling of the stomach and the outline of the gastric wall appear regular. Gastric peristalsis is not obvious but gastric emptying can be traced through the pyloric region into the duodenum. There is contrast medium passing the duodenum, running first cranially and dorsally silhouetting with the liver. At this level an irregular outline and narrowing is seen with a small amount of contrast medium looping caudally into the regular duodenum.

**AGE**

9 Years

**DIAGNOSIS**

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

- Suspected narrowing/stenosis of the cranial duodenum caused by a questionable mass effect of/on the duodenum
- Regular esophagogram

**HOSPITAL NAME**

Mobile Pet Imaging  
CFL

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Findings of the fluoroscopy are not typical for megaesophagus since grade of the distension/ballooning of the esophagus is mild and regular peristalsis is present. Esophageal dysfunction is not suspected. Gastric filling and the gastric wall outline appear normal. However, gastric peristalsis is not obvious. This may be secondary to gastric obstruction/stenosis and inflammatory issues.

**REFERRING VET**

Borecky

The contrast medium passes the duodenum with the suspicion of a duodenal or extra-duodenal mass in the cranial section since at this level an irregular narrowing is noted. This finding may reflect the reported patient's history and the insufficient gastric peristalsis. Sonographic evaluation is recommended. Differentials include neoplastic as well as severe inflammatory changes (adenocarcinoma, lymphoma, necrotizing/granulomatous inflammation, ulceration). If ultrasound is inconclusive endoscopy and/or tomography could be the next diagnostic steps.

**INVOICE**

49668

**DATE**

1-19-22



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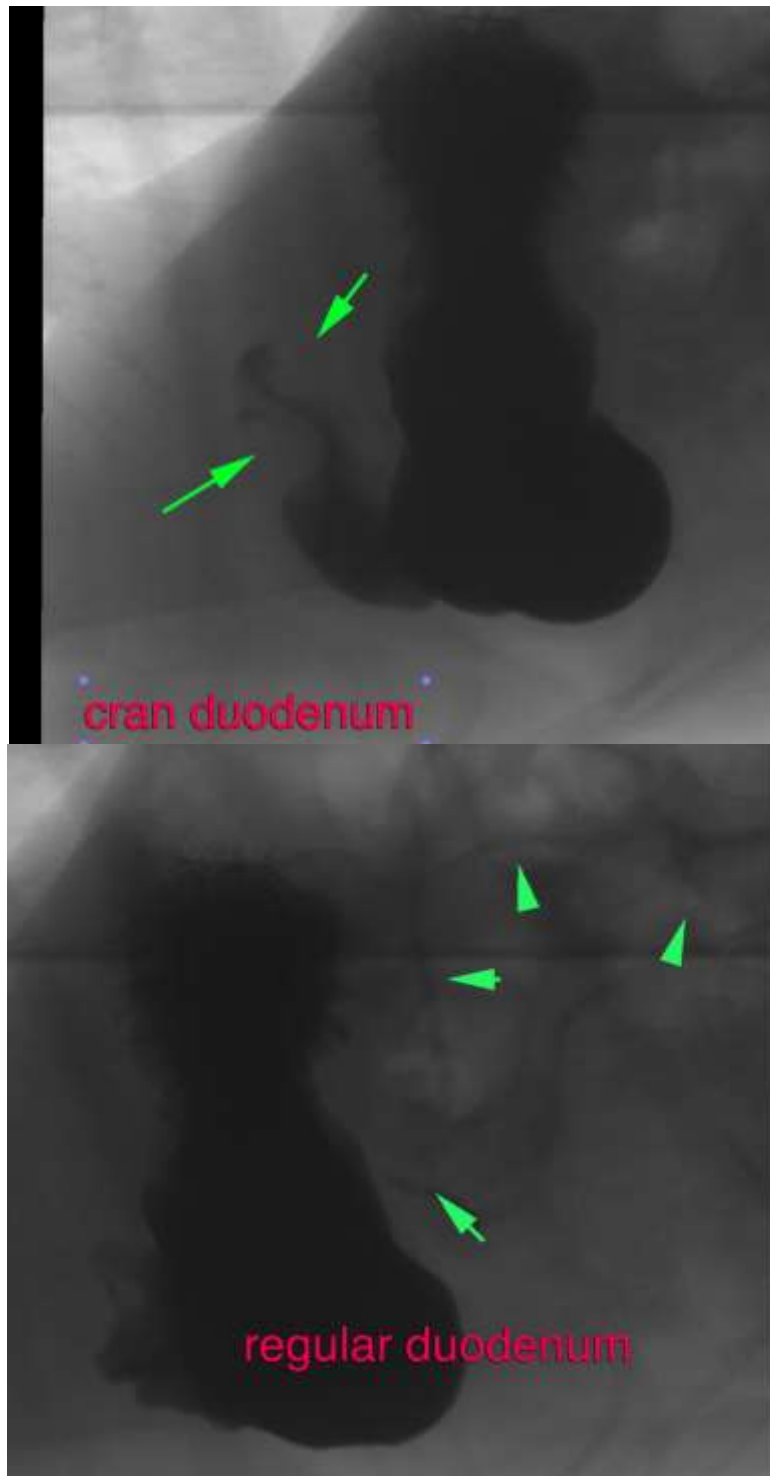
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**BREED**

German Longhair  
Pointer

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

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